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RULES CLEARINGHOUSE

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CLEARINGHOUSE RULE 97-074

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated October 1994.]

2. Form, Style and Placement in Administrative Code

In s. HFS 107.07 (4) (a), the word “services” should be inserted after the word “General.”

4. Adequacy of References to Related Statutes, Rules and Forms

Section HFS 107.07 (3) (intro.) refers to provider handbooks, bulletin and updates under s. HFS 108.02 (4). If any of this material meets the definition of “rule,” it should be promulgated. [ss. 227.01 (13) and 227.10 (1), Stats.]

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. Currently, the interplay between ss. HFS 107.07 (1), covered services, and 107.07 (2), services requiring prior authorization, is confusing. Some of the services in sub. (1) which require prior authorization are mentioned in sub. (2). However, there are some services in sub. (2) that are not listed in sub. (1). For consistency, all services covered by Medical Assistance (MA), which require prior authorization, should also be in sub. (1). Then, these services may be further limited in sub. (2), services requiring prior authorization, or sub. (3), other limitations.

An example of the confusion caused by this is enumeration of covered oral and maxillofacial surgery procedures. Section HFS 107.07 (1) (h) lists oral and maxillofacial surgery procedures which are covered services under MA. Then, s. HFS 107.07 (2) (c) 8. lists

oral and maxillofacial surgery procedures, which require prior authorization. Only one of these, removal of foreign bodies, is mentioned under s. HFS 107.07 (1) (h), as a covered surgical procedure. The rule should be reviewed for consistency between covered services and services requiring prior authorization, in order to make the rule more clear.

Another example of the confusion caused by the current drafting format is found in s. HFS 107.07 (2) (c) 8. g. Under that subdivision, “(o)ther repair procedures except sialolithotomy” would require prior authorization. As drafted, since this service is not enumerated in sub. (1), does this mean that sialolithotomy is not covered by MA at all, or does it mean it is covered with prior authorization?

b. The plain language analysis states that alveoplasty and osteoplasty are changed from noncovered services to services covered with prior authorization. However, there appear to be other services included in the rule which did not appear to be covered services, either with or without prior authorization, in the prior rule. The coverage of panoramic film in s. HFS 107.07 (1) (a) 2. d. is an example of this. There appear to be other services in this category, such as s. HFS 107.07 (1) (h) 2. b. and 4. d. The rule should be reviewed for a determination of whether services in addition to alveoplasty and osteoplasty were added to MA coverage and, if they were, these should be mentioned in the plain language analysis.

c. The first part of s. HFS 107.07 (1) (j) states “HealthCheck other dental services.” This is a confusing reference which should either be modified or defined. See also s. HFS 107.07 (2) (c) 10.